

AVERY COUNTY BUILDING INSPECTIONS DEPARTMENT
AVERY COUNTY COURTHOUSE
ROOM #102

P.O. Box 596
Newland, NC 28657

Telephone: (828) 733-8204
Fax: (828) 733-7003

HVAC CONTRACTOR LICENSE CHECK & REGULATION SHEET: *↳ GAS*

NAME: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

N.C. STATE LICENSE NUMBER: _____

PROJECT INFORMATION:

PROPERTY OWNER: _____

LOCATION OF JOB: _____

BUILDING OR UNIT: _____

I, THE UNDERSIGNED, HAVE READ AND UNDERSTAND THE N.C. GENERAL STATUTES PERTAINING TO HEATING AND AIR CONDITIONING CONTRACTING IN NORTH CAROLINA. I HEREBY AFFIRM OR SWEAR I AM LICENSED AND QUALIFIED TO ASSUME ALL RESPONSIBILITY AND LIABILITY OF A HVAC CONTRACTOR UPON THIS PROJECT. IF I RESIGN OR AM NO LONGER AFFILIATED WITH THIS PROJECT, I WILL NOTIFY THE AVERY COUNTY INSPECTIONS DEPARTMENT IMMEDIATELY BY PHONE OR IN PERSON AND IN WRITING WITHIN THREE (3) WORKING DAYS.

SIGNATURE: _____ DATE: _____

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

NOTARY PUBLIC

DATE

MY COMMISSION EXPIRES: _____